LAFAYETTE CONSOLIDATED GOVERNMENT PLANNING AND ZONING COMMISSION HEARING EXAMINER VARIANCE APPLICATION

Name of Project						
Address of Project: Variance Requested:						
Please check to indicate wh correspondence will be add	ich of the following is the ressed to the primary co	e primary contact person for this project. All ntact person, as indicated on the application.				
() Owner:						
Address:						
City:	State:	Zip Code:				
Telephone:	Fax:_					
Email Address (optional):						
() Applicant:						
Address:						
		Zip Code:				
Telephone:	Fax:_					
Email Address (optional):						
() Agent:						
Address:						
City:	State:	Zip Code:				
Telephone:	Fax	:				
Email Address (optional):						

AFFIDAVIT OF OWNERSHIP

To be completed by owner:				
I,(Please Print)	, HEREBY DECLARE THAT I AM THE SOLE OWNER,			
ATTORNEY OR A CERTIFITHE SUBDIVISION APPROTHAT THE MISREPRESE	ER OF ATTORNEY, IN WHICH CASE SAID POWER OF ED COPY OF THEREOF IS ATTACHED HERETO, TO REQUEST OVAL ON THE SUBJECT PROPERTY, AND I UNDERSTAND ENTATION OF SUCH OWNERSHIP AND/OR AUTHORITY, ER FINAL PLAT APPROVAL, MAY CAUSE THE DENIAL OR DIVISION.			
I HEREBY AUTHORIZE(Please Print)	TO ACT IN MY CAPACITY AS MY			
REQUEST AND I UNDERST	HE REPRESENTATION AND/OR PRESENTATION OF THIS FAND THAT IT IS NECESSARY FOR ME OR MY AUTHORIZED AT THE HEARING EXAMINER MEETING AND/OR THE MEETING.			
Signature of owner:	Date:			
To be completed by Applicant	/Developer:			
	FORMATION CONTAINED IN THIS APPLICATION IS TRUE BEST OF MY KNOWLEDGE AND THAT I UNDERSTAND MY EAL PROCESS.			
Applicant's Name:	(Please Print)			
Applicant's signature:	Date:			
///////////////////////////////////////	///////////////////////////////////////			

Appeals of a Hearing Examiner Review action must be made to the Planning Commission. Please contact the Hearing Examiner Review staff for copies of the appeal procedure.

HEARING EXAMINER VARIANCE REQUEST CHECKLIST

Completed variance request application
Five (5) copies of the site plan, drawn to scale, indicating the requested variance
One (1) copy of the site plan reduced to 8 ½" x 11" paper
Filing Fee of \$100 (made payable to Lafayette Consolidated Government):
Recordation Fee of \$50
Completed Affidavit of Ownership
Names and addresses of all abutting property owners, and those property owners across all adjacent streets on mailing labels, as well as mailing labels for the subject property owner/applicant and surveyor

HEARING EXAMINER SCHEDULE – 2005

Meeting Time: 8:30 a.m.

Submittal Deadline	Comments Faxed to Surveyors	Hearing Date
December 20, 2004	January 5, 2005	January 7, 2005
January 3, 2005	January 19, 2005	January 21, 2005
***January 14, 2005	January 30, 2005	February 1, 2005
January 31, 2005	February 16, 2005	February 18, 2005
February 14, 2005	March 2, 2005	March 4, 2005
February 28, 2005	March 16, 2005	March 18, 2005
March 28, 2005	April 13, 2005	April 15, 2005
April 11, 2005	April 27, 2005	April 29, 2005
April 25, 2005	May 11, 2005	May 13, 2005
May 9, 2005	May 25, 2005	May 27, 2005
May 23, 2005	June 8, 2005	June 10, 2005
June 6, 2005	June 22, 2005	June 24, 2005
June 27, 2005	July 13, 2005	July 15, 2005
July 11, 2005	July 27, 2005	July 29, 2005
July 25, 2005	August 10, 2005	August 12, 2005
August 8, 2005	August 24, 2005	August 26, 2005
August 22, 2005	September 7, 2005	September 9, 2005
***September 2, 2005	September 18, 2005	September 20, 2005
September 19, 2005	October 5, 2005	October 7, 2005
October 3, 2005	October 19, 2005	October 21, 2005
October 17, 2005	November 2, 2005	November 4, 2005
October 31, 2005	November 16, 2005	November 18, 2005
November 21, 2005	December 7, 2005	December 9, 2005

^{***}SUBMITTALS FOR THESE DATES DUE BY 4:00 pm. ALL OTHER SUBMITTALS DUE BY NOON.